

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. DAVIES 3.0-001 CIP First Inventor Richard J. Davies Title METHOD AND SYSTEM FOR DETECTING ELECTROPHYSIOLOGICAL CHANGES IN PRE-CANCEROUS AND CANCEROUS BREAST TISSUE AND EPITHELIUM Express Mail Label No.	
		EV342609303US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
---	---

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 65] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 5. Oath or Declaration [Total Sheets 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement of Attorney (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
--	---

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: **10/151,233**


Prior application information: Examiner **Not Yet Assigned** Art Unit: **3736**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: **000530** OR ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Thomas M. Palisi	Registration No. (Attorney/Agent)	36,629
Signature			Date November 19, 2003

 16834 U.S. PTO
 10/717074




18351 U.S. PTO

111903

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	Not Yet Assigned	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Concurrently Herewith	
		First Named Inventor	Richard J. Davies	
		Examiner Name	Not Yet Assigned	
TOTAL AMOUNT OF PAYMENT (\$)		744.00	Attorney Docket No.	DAVIES 3.0-001 CIP
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 12-1095 Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Large Entity Small Entity		
FEE CALCULATION		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		
1. BASIC FILING FEE		1051 130 2051 65 Surcharge - late filing fee or oath		
Large Entity Small Entity		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.		
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1053 130 1053 130 Non-English specification		
1001 770 2001 385 Utility filing fee 385.00		1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination		
1002 340 2002 170 Design filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action		
1003 530 2003 265 Plant filing fee		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action		
1004 770 2004 385 Reissue filing fee		1251 110 2251 55 Extension for reply within first month		
1005 160 2005 80 Provisional filing fee		1252 420 2252 210 Extension for reply within second month		
SUBTOTAL (1) (\$) 385.00		1253 950 2253 475 Extension for reply within third month		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1254 1,480 2254 740 Extension for reply within fourth month		
Total Claims 36 -20** = 16 x 9.00 = 144.00		1255 2,010 2255 1,005 Extension for reply within fifth month		
Independent Claims 8 -3** = 5 x 43.00 = 215.00		1401 330 2401 165 Notice of Appeal		
Multiple Dependent		1402 330 2402 165 Filing a brief in support of an appeal		
Large Entity Small Entity		1403 290 2403 145 Request for oral hearing		
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1451 1,510 1451 1,510 Petition to institute a public use proceeding		
1202 18 2202 9 Claims in excess of 20		1452 110 2452 55 Petition to revive - unavoidable		
1201 86 2201 43 Independent claims in excess of 3		1453 1,330 2453 665 Petition to revive - unintentional		
1203 290 2203 145 Multiple dependent claim, if not paid		1501 1,330 2501 665 Utility issue fee (or reissue)		
1204 86 2204 43 ** Reissue independent claims over original patent		1502 480 2502 240 Design issue fee		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1503 640 2503 320 Plant issue fee		
SUBTOTAL (2) (\$) 359.00		1460 130 1460 130 Petitions to the Commissioner		
**or number previously paid, if greater; For Reissues, see above		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)		
SUBMITTED BY		Other fee (specify)		
Name (Print/Type) Thomas M. Palisi		*Reduced by Basic Filing Fee Paid		
Registration No. (Attorney/Agent) 36,629		SUBTOTAL (3) (\$) 0.00		
Telephone (908) 518-6366				
Signature		Date November 19, 2003		